

CENTRON SECURITY SERVICES

Daily Security Report

10020541240 ST UNCHIM Date 2/24/86																
Facility Detex Clock Weapon		1002 054BLO ST UTCH, M 12/24/86														
Equipment No.	Holster	Nightshea	Raisscoat	: iri	lashlight	1	Cpr	长十	TRAI	LER	KI	到	D `	•		
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.	Officer-Day Shift (Name) Del Veselve				19	-string si	nift (Name)	kos	_	Officer-Grave Shift (Name) CONTES, EUENE						
	Shift Began	8 WAM	Ended 9	AMED	Shift Began	4	AM-PM	≿na e d .	12	CAMP'M 6	Shift	12	AMON	Ended 4	χ	(AR)PM
Observations or actions taken	Yes No		Explanation		Yes	No		Explanat	ion		Yes	No		Explanatio	n	0
Rounds or stations missed	L	/				4										
Unlocked doors, gates or windows	-				10							N	SEER	EMA	AKS	
Unlocked vaults or safes	-					1/						V		 		
Fire-smoke-or hazards	_			** - **********************************		10						1				
Extinguishers missing or defective	-	1		-	1	1							,			
2. Sprinkler system defective	-	-			1.	11	,					1				
3. Fire doors or exits blocked	-					1-						/				
4. Rubbish accumulation	-					1	-, · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				V			· ·	
5. Motors running	-		· · · · · · · · · · · · · · · · · · ·		1	10						/				
6. Lights left burning	_	1					·					î/				
Injury hazards	-	7										./				
Visitors		see	1emast	² 5		1							EPA + R	Vr-cA	44	
Trespassing	-					1/						V				
Violation of company rules						1-										
REMARKS LOCK ON GATESTILL HARD TO LOCK; EPA AND 4 MEN FROM RIGHT PLL WORKING ON PRESS IN BLOKED															PC	
made usual eheck every har loge hole in fence on oswers of (2)																
CAME For deaning the porta Tohn A:D MADE VISUAL OF BLOG. PERIMETER EVERY HR. (RY)																
IMPORTANT: If you were ill or injured ple		n the reverse sid	e of this form and c	all your sup	ervisor	before le	aving this post		TEKIM	HETER	F	YER	Y HA.	KI)		
1. Were you injured during this tour?		Day Shift Yes No	1 Yes No	2. Yes		3. Swing : Yes	Shift 1.		2		3 Grav		1.	2.	Ι	3.
2. Did you suffer any illness?		Yes 🚱	Yes No	Yes	No			es No	Yes	No	Yes			No		No
3. Have you reported all accidents coming to y	your attention		Yes No	Yes	No	Yes		es No	Yes	No	Yes	7		No	Yes n	No
Signatures 1 Swing Shift Swing Shift Signatures 1 Swing Shift Shif											*					
	Signatu	- 10		/	-	2	were j	JO-RO	Syre	<u> </u>	1	ا	yeur !	X CA	100	<u> </u>
											2.			12076		
Signatures 3. 3											3.			43873	52 11.1111 11.111 1	.].

Use this form to report any irregularities or out of the ordinary incident occurring during your tour.

Date of Report



CENTRON SECURITY SERVICES, INC.

time of Report M:3n Client; Address: Location of Incident -Incident Date occurred Time occurred PM Details and circumstances of incident; WHO, WHAT, WHERE, WHEN, &HOW??? Page / of /

Rank